

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Campaign Solutions</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2016		
Mailing Address 117 N. St. Asaph Street			Amount 15200.00		
City State Zip Code Alexandria VA 22314		Transaction ID : SE.5320 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Voter contact-email		Category/ Type			
Name of Federal Candidate Donald J. Trump			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>DDC Advocacy</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 490.14		
City State Zip Code Washington DC 20005		Transaction ID : SE.5309 Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure Voter contact-telephone calls		Category/ Type			
Name of Federal Candidate Donald J. Trump			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15690.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Jamie Jodoin</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 03 / 31 / 2016		

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NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2016</b>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <b>573.00</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5311</b>
Purpose of Expenditure Voter contact-telephone calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 31 / 2016</b>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <b>6410.00</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5313</b>
Purpose of Expenditure Online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>6983.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Jamie Jodoin*

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 31 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 3  
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 31 / 2016</b>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <b>96762.64</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.5322</b>
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Granite Lists, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 31 / 2016</b>	
Mailing Address 1283 Main Street		Amount <b>3000.00</b>	
City Dublin	State NH	Zip Code 03444	Transaction ID : <b>SE.5317</b>
Purpose of Expenditure List rental	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>99762.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>122435.78</b>

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*Jamie Jodoin*

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 31 / 2016**

Signature